

PSYCHOSIS IN STURGE- WEBER SYNDROME: CASE REPORT

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Case presentation: MO, female, 27 years old, diagnosed with Sturge-Weber Syndrome, being followed up at the psychiatric outpatient clinic due to the onset of psychotic symptoms that occurred seven days ago, including: persecutory delusions; auditory hallucinations; disorganized behavior. She was hospitalized for two days and underwent infectious-metabolic screening tests without alterations. During hospitalization, she used Risperidone 1mg, but maintained episodes of delusional speech. Patient denied use of psychoactive substances, seizures or triggers prior to the condition. She had no family history of psychiatric illness. On psychic examination: alert, suspicious, oriented, irritated mood and congruent affection, thought with course and form without alterations and content with persecutory delusions, preserved memory and absent morbidity criticism. A hypothesis of Brief Psychotic Disorder and Organic Delusional Disorder was suggested. The treatment instituted was to increase the dose of Risperidone up to 3mg and request an imaging exam. Evolution: Twenty-two days after the onset of the condition, she had remission of psychotic symptoms and denied other complaints. Magnetic resonance imaging of the skull showed "prominence of the choroid plexuses in the lateral ventricles due to probable venous engorgement". She decided to maintain the dose of Risperidone and return in 60 days. Discussion: Sturge-Weber Syndrome is a rare congenital anomaly characterized by abnormal growth of blood vessels. It is most commonly associated with Affective Disorders and there are rare case reports of an association with psychosis. The differential diagnosis of psychosis in these cases is difficult, as it implies distinguishing between a psychotic condition as a result of the syndrome and a completely different and independent condition. Often, this distinction is impossible, but it is essential to carry out

complementary tests for the investigation. The first-line treatment of psychosis in Sturge-Weber Syndrome is antipsychotics, but there is no consensus regarding the duration of maintenance. Final Comments: The psychosis related to the Sturge-Weber syndrome is a rare entity that may or may not be a consequence of organic alterations of the syndrome and whose distinction may be impossible as in the clinical case in question. It is important to perform tests to rule out differential diagnoses and opt for first-line treatment with antipsychotics. Regular follow-up must be performed to assess the emergence of new psychiatric and neurological conditions.